FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1   OTGANIZATION													
	(See instructions)						Office use only						
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		nple: If typyir the lines	ig, type	12F	E4M	5					
Duncan D. H	unter for Congress	S.					1 1						
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	CITY▲						Έ <b>Δ</b>		ZIP CODE 📥				
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COMMITTEE'S FAX	NOMBER LILL												
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y													
3. FEC IDENTIFICATION NUMBER C C00433524													
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)													
I certify that I have exar	mined this Statement and	I to the best of my kno	wledge an	d belief it is tr	ue, correct a	nd comp	lete						
Type or Print Name of	f Treasurer	Bruce Young											
Signature of Treasure	er Electronically File	d by <b>Bruce You</b>	ıng			Date	<b>1</b>	<b>2</b> <sup>M</sup>	06	/ Y	Ý (	8 0 0	
NOTE: Submission of t	false, erroneous, or incon	nplete information may			_				of 2 U.S.C	S437g	j.		
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